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ABSTRACT

Prepared by the Public Health Service to clarify the role of health professionals and subprofessionals in the home care field, this guide is directed to dietitians and public health nutritionists who are involved in planning, directing, carrying out, and evaluating the nutrition aspects of medical care programs for patients at home. Program descriptions and guidelines identifying the responsibilities and functions of dietitians and nutritionists are provided for: (1) Home-Care Programs, (2) Homemaker-Home Health Aide Programs, and (3) Home Delivered Meals Programs. A bibliography on nutrition services in home health services is included. (SB)

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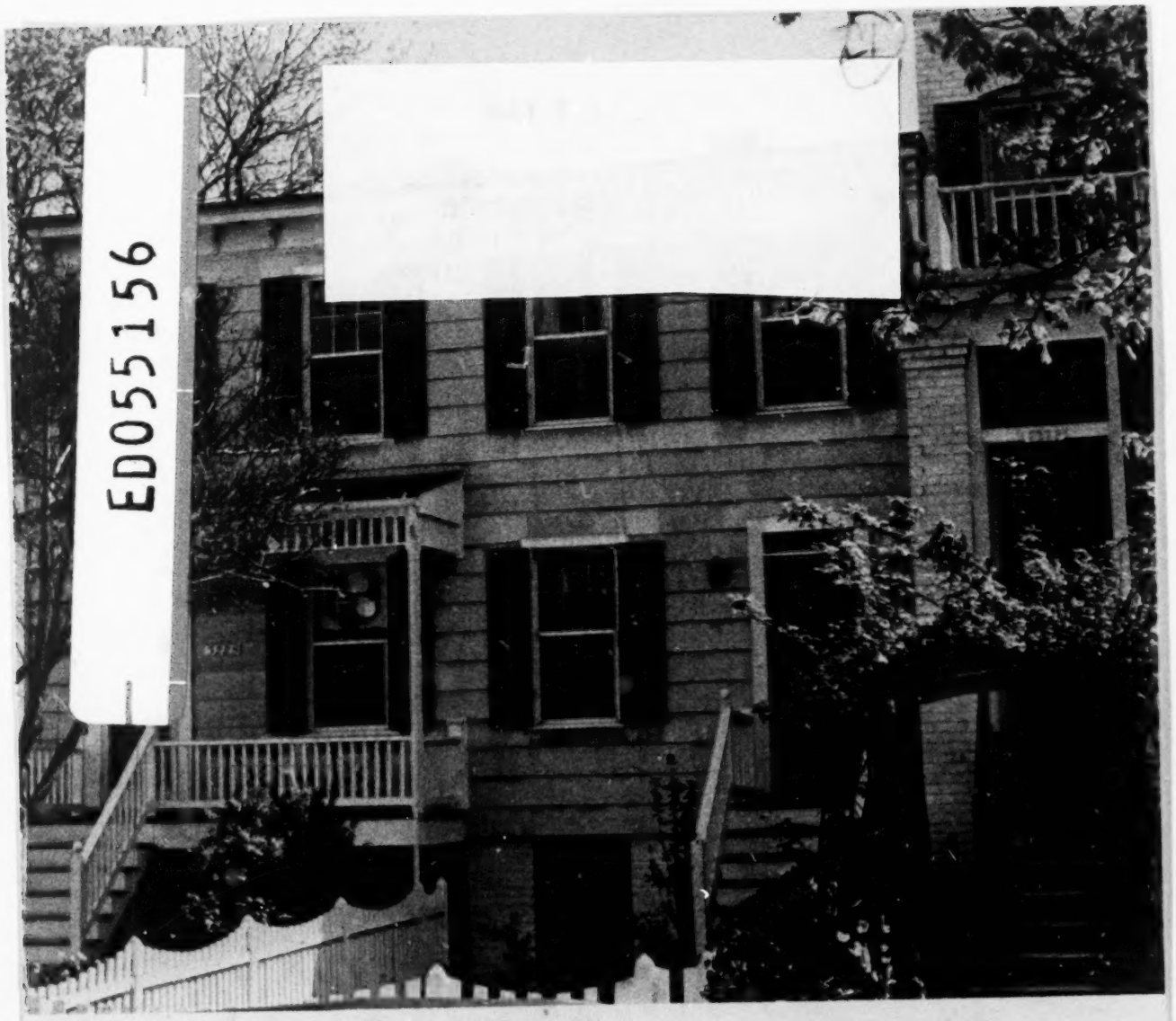

GUIDELINES FOR *Dietitians and Public Health Nutritionists* IN HOME HEALTH SERVICES

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This is the first in a series of booklets being prepared by the Public Health Service to clarify the role played by each health professional and sub-professional in the growing field of home care. Booklets on the other health disciplines, such as physicians, nurses, social workers, physical, speech and occupational therapists, and home health aides will be issued as they are completed.

Contents of this guide are adapted from workshops supported by short-term training funds from the Public Health Service, U. S. Department of Health, Education, and Welfare; and the Committee on Dietary Service for the Chronically Ill and Aging of the Community Nutrition Section of the American Dietetic Association.

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Prepared in Cooperation with the American Dietetic Association, Community Nutrition Section

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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PREFACE

This guide is directed to dietitians and public health nutritionists who are involved in planning, directing, carrying out and evaluating the nutrition aspects of medical care programs for patients at home. The basic programs covered are: home care, homemaker-home health aide, and home delivered meals. Additional information about and assistance with these programs are available from State and local public health nutritionists.

This guide will also be useful to administators of community agencies and facilities concerned with providing these home health services.

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INTRODUCTION

In the new and expanding area of medical care for patients at home, dietitians and public health nutritionists can make important contributions to the home care program, the homemaker-home health aide program and the home delivered meals program. The latter two programs can exist as separate programs and as parts of larger home care programs. In all these programs, nutrition can play a dynamic role in the maintenance, improvement, rehabilitation, or recovery of many persons requiring home health services. Nutrition education and diet counseling are needed basic services. Guidance is necessary for normal as well as therapeutic diets.

Patients receiving health services in the home have reached a point in their illnesses where they do not need skilled professional services on an around-the-clock basis. Some patients need care only from a family member under the guidance of the physician; others need the supplemental care of a nurse. There are others who need an array of services, such as physical therapy, social services, home health aide, or nutrition services to meet their multiple needs. Whatever the combination of services called for, the prime considerations are that the total needs of the patient be met under the direction of a physician, and that the family be ready and able to assist with patient care.

Organizations that provide home health services include visiting nurse associations, health departments, hospitals, medical centers, and rehabilitation facilities. The programs of such organizations are referred to interchangeably as home care programs and home health programs. Recent legislation also defines organizations that provide such services as home health agencies whether or not they are certified for participation under Medicare. Homemaker-home health aide service or home delivered meals service may be organized in separate and distinct programs or may be included as part of a broader home care program.

Standards for a home health agency and its services have been established by some States and by the Federal Government as part of the implementation of the Medicare program. The Federal standards appear in the publication "Conditions of Participation for Home Health Agencies."

These guidelines identify the responsibilities and functions of dietitians and public health nutritionists in home health programs in general, and specifically in the three programs identified above.

Planning, Developing, and Evaluating Home Health Services

Dietitians or public health nutritionists need to participate in determining the broad policies and procedures which define the organization, operation, and evaluation of the home care program, the homemaker-home health aid program and the home delivered meals program.

As a staff member of the home care program, the dietitian or nutritionist should make a vital contribution in the planning, development, and evaluation of nutrition services to meet the needs of the program and community. The dietitian or nutritionist should give consideration to the needs of patients presently being cared for by the program as well as anticipate the need for the expansion of nutrition services. Also, the dietitian and nutritionist should give consideration to nutrition services available in the hospitals and other community agencies in relationship to nutrition services available in the home health program; to the experience and education of the staff providing services to patients; to the forms and records pertinent to the program and its services; to the use of the program as an educational experience for students; and to the potential of research and studies in the program.

Under Medicare legislation, a certified home health agency is required to have an advisory group as part of its overall operation. A dietitian or nutritionist is suggested as a possible member of such a group. Active steps should be taken by the dietitian and nutritionist to become a member of this group. As a member of the advisory group, the dietitian or nutritionist should then inform the group about nutrition services available in the community; identify the nutrition component of the home care, homemaker-home health aide, and home delivered meals programs; and take responsibility for defining qualifications and for assisting in recruiting a dietitian or nutritionist for a given program.

Home Care Programs

Nutrition services are an integral part of the home care program. As a member of the patient care team, the therapeutic dietitian in the medical center, hospital or rehabilitation center, or the public health nutritionist in the visiting nurses association or the public health department, is responsible for the continuing dietary care of individual patients. Whether working full- or part-time, the dietitian or nutritionist must develop a work plan which includes goals and priorities based upon the scope of the program and the complexity of the agency.

Functions of Therapeutic Dietitians or Public Health Nutritionists in Home Care Programs

To provide effective nutrition services to patients cared for by a home care program, the dietitian's or nutritionist's work plan should include some, or all, of the following:

FUNCTIONS	IMPLEMENTATIONS
Assist the physician in evaluating the patient's nutritional needs as related to medical and socio-economic status and home and family resources.	Identify the patient's nutritional requirements related to his health conditions. Evaluate information provided in the referral as to eating habits, knowledge, ability, and motivation of patient and family members to follow nutritional guidance. Determine suitable diet prescription with the physician.
Formulate a realistic goal for dietary management in the home.	Obtain and assess diet history or food record. Educate staff members to report factors which influence food habits and practices, such as income, education, living arrangements, ethnic and cultural background and attitude toward illness.

FUNCTIONS	IMPLEMENTATIONS
	Determine sources of assistance from community agencies, such as a welfare allowance for therapeutic diet, federally donated foods or food stamps.
	Determine if patient is receiving additional services such as home health aide services or home delivered meals.
	Determine the patient's need for self-help devices to promote independence in eating.
Develop and record the dietary treatment plan as part of the total treatment plan.	Record a statement of goals, and a plan for counseling.
	Decide if counseling is to be carried out by other members of the health team under the guidance of the dietitian or nutritionist, or by direct counseling from the nutritionist.
Counsel patient and family members according to dietary treatment plan, when appropriate.	Help patient and family members to understand principles of the patient's diet.
	Help patient adapt food habits to meet the diet prescription.
	Select or develop appropriate educational materials to be used in counseling patients.
Instruct other team personnel to assist and carry out the dietary treatment plan for the patient.	Review dietary treatment plans with the staff giving direct service in the home.
Enter services rendered in clinical record and contribute to report of patient's progress.	Assist staff in recording pertinent facts about dietary care they provide.
	Utilize suggested procedures in "Guidelines for Therapeutic Dietitian on Recording in Patients' Medical Records." See selected reference number 2.

FUNCTIONS	IMPLEMENTATIONS
Assist with continuing evaluation and revision of patient treatment plan.	Evaluate dietary records, reports of other members of team, and when feasible, visit patient to determine his progress in meeting dietary goals. Suggest alterations in treatment plan based on patient's health condition and/or changed family resources. Seek information and assistance from other team members concerning the patient's motivation to follow the dietary plan.
Participate in preservice and inservice staff education.	Familiarize staff with the nutrition aspects of the home care program. Determine the staff's needs for nutrition and diet therapy information. Conduct nutrition education meetings for staff.
Select and/or develop nutrition education materials for agency staff.	Evaluate and interpret current nutrition information and materials. Develop nutrition and dietetic education materials useful to staff in teaching and counseling patients and families.
Establish channels of communication to promote continuity of patient care as it relates to the dietary aspects of the treatment plan.	Establish effective working relationship with dietitians and nutritionists in the community. Develop working relations with nurse coordinators and other personnel who are involved with referral of patients to home care programs. Become acquainted with terminology and diet materials used by medical personnel in the community.

FUNCTIONS	IMPLEMENTATIONS
	Utilize or develop interagency referral forms which include a space for nutrition and diet information.
	Interpret the use of the referral form to other dietitians and nutritionists in the community.
	Promote feedback of nutrition information to person, agency, or institution making the patient referral.
Participate in the evaluation of the home care program.	Study and review clinical records to determine services the agency provided to patients.
	Determine extent of the nurtition component of the program.
	Statistically identify type and amount of nutrition services performed.
	Discuss findings with staff and recommend ways to strengthen the nutrition services.

Homemaker-Home Health Aide Program

Homemaker-home health aide services may be provided through a home care program as one of its services, or it may be a separate and distinct community program provided through public or nonprofit agencies. Regardless of administrative organization, these services are provided by aides trained, assigned and supervised by the agency. These aides assist with the care of physically or emotionally ill or handicapped children or adults in their own homes where no responsible person is available for this purpose. The aide provides homemaking and personal care services depending on the needs of the recipient.

The professional staff of the agency establishes with the client's physician the need for the services and develops a suitable plan of care identifying the tasks to be carried out by the aide. The aide's work is continually supervised and evaluated by the professional staff.

Standards for homemaker-home health aide services have been established by some States and by the Federal Government as part of the implementation of the Medicare program. The Federal standards appear in the publication, "Conditions of Participation for Home Health Agencies."

Functions of Therapeutic Dietitians or Public Health Nutritionists in Homemaker-Home Health Aide Programs

When there is a homemaker-home health aide program in the community, the dietitian or nutritionist should be involved in those aspects which are concerned with the nutritional needs of the patient. The dietitian or nutritionist should also become knowledgeable about the entire program and the services it offers.

To provide effective nutrition services to patients cared for by a homemaker-home health aide program, the dietitian's or nutritionist's work plan should include some, or all, of the following:

FUNCTIONS	IMPLEMENTATIONS
Participate in developing the plan for the overall training program for the home health aide.	Assist with establishing goals and objectives for training the aide to acquire skills to perform personal care services. Assist with development of training manual. Assist with planning for orientation, inservice training and supervision of home health aides. Set standards for functions and qualifications for nutrition personnel in the training program.
Assume responsibility for the food, nutrition and diet therapy aspects of the training program.	Plan and organize the food and nutrition content of the curriculum, teaching methods, and educational experiences in accordance with the needs of the aides and the services they will perform for patients.
Assess the performance of the aide as it relates to nutritional and dietetic services, and how these services might be strengthened and improved.	Work closely with the aide supervisors to help them recognize when nutrition consultation would be valuable to the aides. Assist the aide supervisors in determining what the aides should report and record regarding nutrition and food management, and the patient's progress. Confer with the aide supervisors regarding followup training of the aides for specific situations. Make home visits to selected cases with the aide supervisors to assist with complex nutritional problems.

Home Delivered Meals Programs

A home delivered meals program is a mobile dietary service to persons in their homes. This program is undertaken by public and nonprofit agencies such as visiting nurse associations, auxiliaries of hospitals or medical societies, and women's clubs. The meals service may be included with other services of a home care program.

The purpose of the service is to provide nutritious meals, normal and therapeutic, to persons unable to prepare or obtain them. The National Council on the Aging stated in a report of a study of home delivered meals that such a program "should be promoted on the basis of its value as a service to individuals who would benefit from it. The dignity and comfort of living in one's home are important assets. Further, good nutrition is fundamental to health. More than one or a range of community services may be needed to promote this goal. Although a meals service is less expensive than institutional care, or than prolonging a hospital stay, it is unsound to promote the service with economy as the overriding factor."

Diet counseling is an important service of a home delivered meals program. Through counseling, clients can also be helped with planning meals to be prepared at home.

Professional staff of the meals program or of the referring agency establish the applicant's need for the meals, normal or therapeutic. When a therapeutic diet service is provided it is given under the direction of the patient's physician.

Standards for home delivered meals have not been established as they have for other home health services. However, standards established for a dietary department of a hospital would be applicable and would cover all aspects of the home delivered meals program except for the packaging and delivery of the meals. Standards for these two aspects should comply with the State and local ordinances and codes relating to food service and sanitation. Inquiries concerning these regulations should be directed to the state or local departments of health.

Functions of Dietitians or Public Health Nutritionists in Home Delivered Meals Programs

A dietitian or nutritionist should assume leadership in the overall organization, administration, implementation and evaluation of the home delivered meals service. The dietitian or nutritionist should also have continuing responsibility for supervision of the service.

To provide effective nutrition services to patients served by a home delivered meals program, the dietitian's or nutritionist's work plan should include some, or all, of the following:

FUNCTIONS	IMPLEMENTATIONS
Participate in determining if the program is needed, feasible and practical.	Assist with evaluation of need for the service within specific geographic areas. Contact health and welfare agencies and organizations, service clubs, professional organizations, and other community groups that are concerned with programs and services for the elderly, ill and handicapped.
Cooperate in the initiation and promotion of community action to meet the need for the service.	Interpret the service and its potential value to selected individuals and groups in the community. Assist in establishing a community steering committee of professional health and welfare workers and lay persons broadly representative of the community. Assist in the preparation of publicity materials.

FUNCTIONS	IMPLEMENTATIONS
Assume leadership and participate in the establishment of policies and procedures regarding the organization, administration and operation of the program.	Assist in the determination of a suitable sponsoring agency. Select a purveyor of the meals. Set standards for the nutritional level and quality of normal and therapeutic meals; and for the preparation, packaging, delivery and storage of food. Assist in the determination of the number of meals served and days of service per week. Establish the professional and nonprofessional staffing pattern for the program. Develop job descriptions and statements of functions for personnel engaged in the operation of the program. Assist in setting budgetary controls and patient's fee for the service. Plan and maintain adequate record systems.

FUNCTIONS	IMPLEMENTATIONS
Participate in patient evaluation and assess need for the service.	Assist in setting criteria for eligibility of patients for the service.
	Work with the physician and other professional staff who know the home situation and health status of the patient to obtain prescribed diet orders.
	Utilize the observations of the volunteers.
Provide nutrition and diet counseling service to supplement the meal service to patients where feasible.	Make home visits to help the patient plan for meals not provided by the program.
	Provide consultation to the professional staff who make home visits.
Plan and conduct training for staff members.	Develop and participate in suitable orientation, pre- and in-service training for those working in the program including volunteers.
Participate in the periodic evaluation of the program.	Study the patient's acceptance of the food.
	Study the impact of the service on the health condition of the patients.
	Determine nutritional quality of food served.
	Study costs in relation to efficiency of operation.

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